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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
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Application Number	10/780,126
Filing Date	02/17/2004
First Named Inventor	McKay
Art Unit	
Examiner Name	
Attorney Docket Number	NOR 1162-031

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number

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Applicant/assignee has instructed the undersigned to transfer the file to the law firm listed below
The reasons for this request are: and to take no further action on behalf of applicant. The file has been transferred.

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<input checked="" type="checkbox"/> Firm or Individual Name	Roger A. Gilcrest Schottenstein Zox & Dunn				
Address	250 East Broad Street				
Address	P.O. Box 165020				
City	Columbus	State	OH	Zip	43216-5020
Country	USA				
Telephone	(614) 462-1055			Fax	(614) 462-5135
Name	Jeffrey S. Standley				
Signature				Registration No.	34,021
Date	7-15-2004			Telephone No.	(614) 792-5555

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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